

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAILCENTER

2022 OCT 31 AM 10:34
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5

Specialized Medicine & Responsible Treatment
PAC

ADDRESS (number and street) 6250 Route 9

Check if different than previously reported. (ACC) Rhinebeck NY 12572

2. **FEC IDENTIFICATION NUMBER** C00648246 **CITY** **STATE** **ZIP CODE**

3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)

Election on 11 / 04 / 2022 in the State of

(d) 30-Day **POST-Election** Report for the:

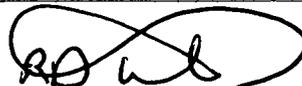
General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 10 / 01 / 2022 through 10 / 19 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer RONALD D. WHITMONT

Signature of Treasurer  Date 10 / 25 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

NON-FUNCTIONAL INFORMATION

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Specialized medicine & Responsible Treatment PAC

Report Covering the Period: From:

10 / 01 / 2022

To:

10 / 19 / 2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="YYYYYY"/> 2022		4,503.99
(b) Cash on Hand at Beginning of Reporting Period.....	1,155.80	
(c) Total Receipts (from Line 19).....		7,074.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1,155.80	1,157.84
7. Total Disbursements (from Line 31).....	9,000.00	9,020.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2,558.09	2,558.09
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

NON-FEDERAL CAMPAIGN FINANCE

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Specialized medicine & Responsible Treatment PAC

Report Covering the Period: From: 10 / 01 / 2022 To: 10 / 19 / 2022

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
- (i) Itemized (use Schedule A).....

(Contrib)

- (ii) Unitemized.....
- (iii) TOTAL (add Lines 11(a)(i) and (ii).....▶

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

(Non Contrib)

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....		
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶		800.34
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶		
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶		7074.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶		7074.44

NON-FEDERAL AND LEVIN FUNDS

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

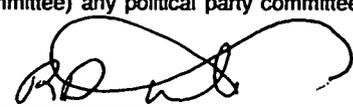
NAME OF COMMITTEE (In Full) <i>Specialized medicine & Responsible Treatment PAC</i>	FEC IDENTIFICATION NUMBER C00648246
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report	Amends report filed on <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>

Full Name of Payee <i>MARIST college Institute For Public OPINION</i> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 10 / 03 / 2022
Mailing Address <i>3399 North ROAD</i>	Amount 9,000.00
City <i>Poughkeepsie</i> State <i>NY</i> Zip Code <i>12601</i>	
Purpose of Expenditure <i>PUBLIC POLL</i> Category/Type <input type="checkbox"/>	Date of Disbursement or Obligation 10 / 24 / 2022
Name of Federal Candidate: <i>N/A</i> <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Mailing Address	Amount <input type="checkbox"/>
City _____ State _____ Zip Code _____	
Purpose of Expenditure _____ Category/Type <input type="checkbox"/>	Date of Disbursement or Obligation <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Name of Federal Candidate: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="checkbox"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="checkbox"/>
(a) TOTAL Independent Expenditures	<input type="checkbox"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.



 Signature

Date **10 / 25 / 2022**

NONDISCRIMINATION BOYCOTT

Ronald D. Whitmont, MD
6250 Route 9
Rhinebeck, NY 12572



PLACE STAMP OR ADDRESS LABEL ABOVE THIS DOTTED LINE
CERTIFIED MAIL



7022 2410 0003 5088 1357



1.000



20463

U.S. POSTAGE
FCM LG ENV
RHINEBECK, NY
12572
OCT 25, 22
AMOUNT
\$8.65
R2305E123653-

Federal Election Commission
1056 First Street N.E.
Washington, DC

20463

NONPROFIT ORGANIZATION

2022 OCT 31 AM 10:34

FEC MAIL CENTER

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>10/25/22</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>WDO</i> PREPARER	<i>10/31/22</i> DATE PREPARED

(3/2015)

NON-FEDERAL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED